



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
201 W. Preston Street, Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

Office of Preparedness & Response
Isaac P. Ajit, M.D., M.P.H., Deputy Director

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Public Health & Emergency Preparedness Bulletin: # 2007:52 **Reporting for the week ending 12/29/07 (MMWR Week #52)**

CURRENT HOMELAND SECURITY THREAT LEVELS

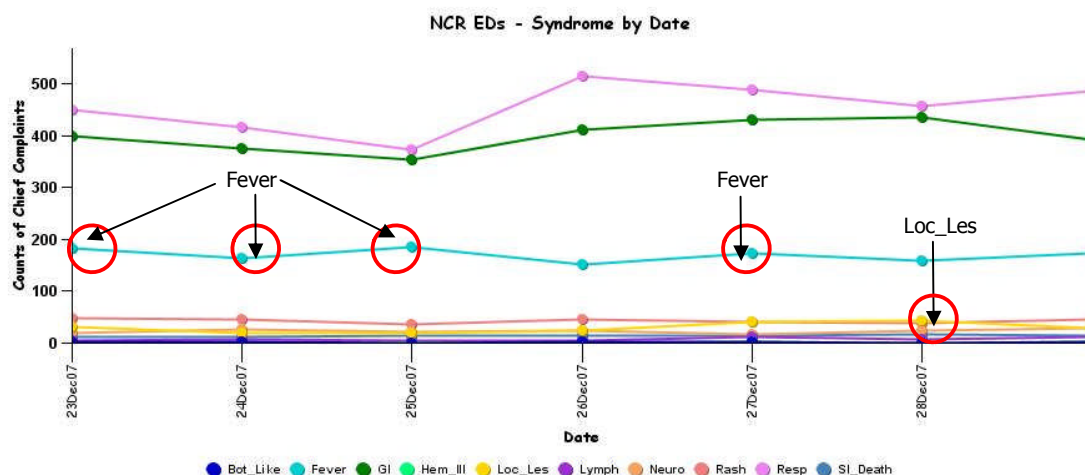
National: Yellow (ELEVATED) *The threat level in the airline sector is Orange (HIGH)
Maryland: Yellow (ELEVATED)

SYNDROMIC SURVEILLANCE REPORTS

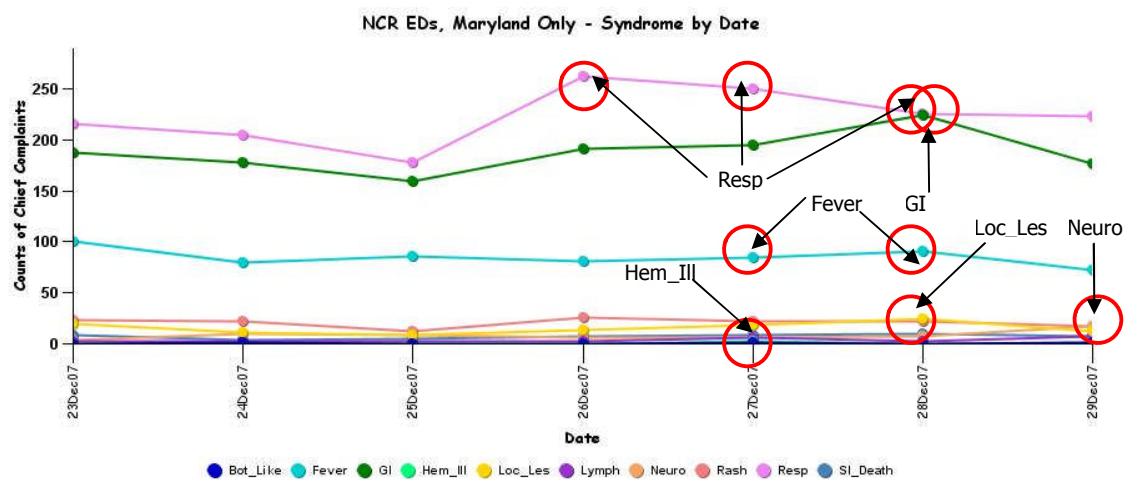
ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):

Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts only. Note: ESSENCE – ANCR Spring 2006 (v 1.3) now uses syndrome categories consistent with CDC definitions.

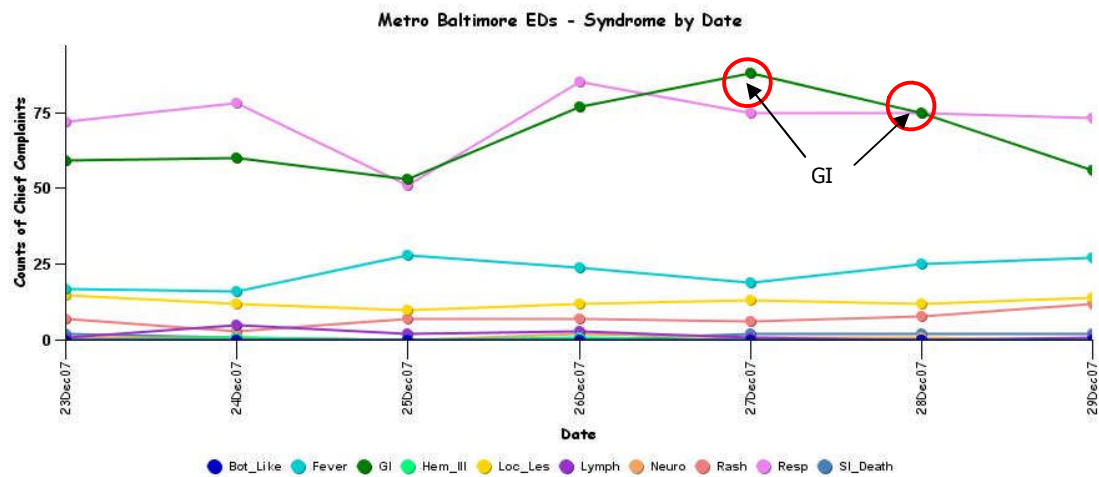
Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.



* Includes EDs in all jurisdictions in the NCR (MD, VA, DC) under surveillance in the ESSENCE system



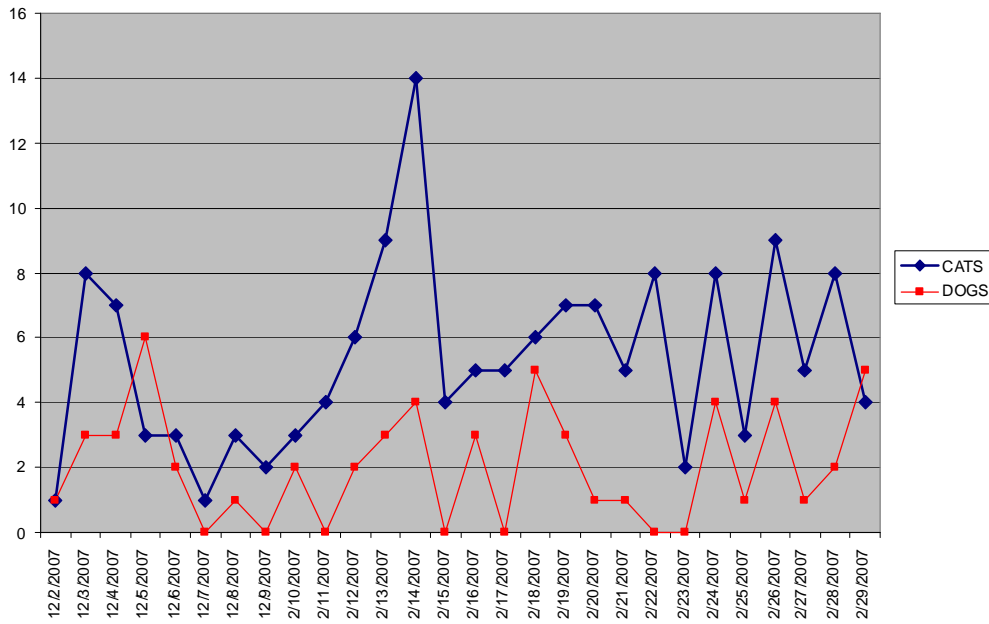
* Includes only Maryland EDs in the NCR (Prince George's and Montgomery Counties) under surveillance in the ESSENCE system



* Includes EDs in the Metro Baltimore region (Baltimore City and Baltimore County) under surveillance in the ESSENCE system.

BALTIMORE CITY SYNDROMIC SURVEILLANCE PROJECT: No suspicious patterns in the medic calls, ED Syndromic Surveillance and the animal carcass surveillance. Graphical representation is provided for animal carcass surveillance 311 data.

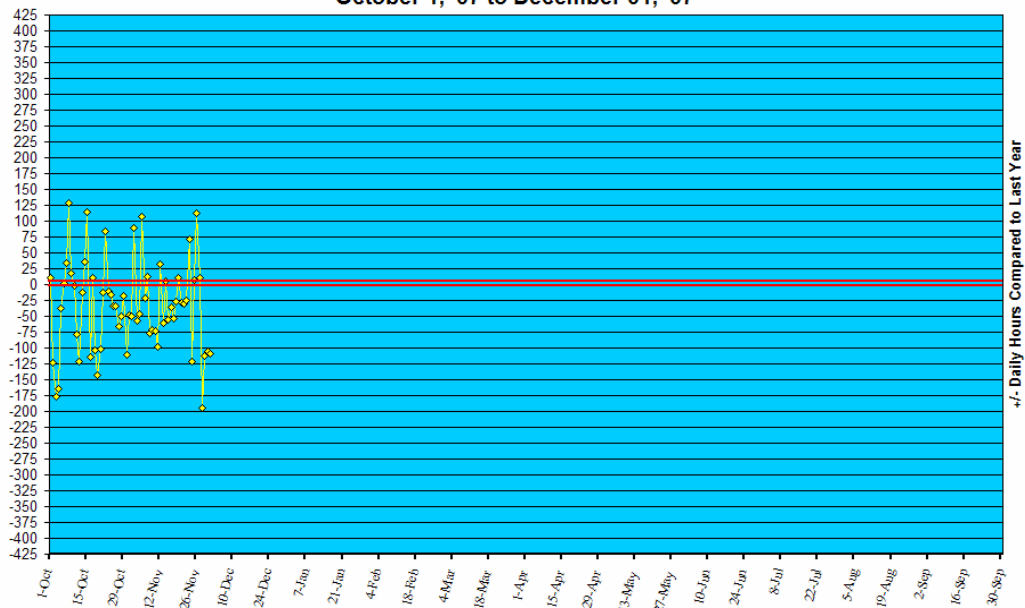
Dead Animal Pick-Up Calls to 311



REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/06.

**Statewide Yellow Alert Comparison
Daily Historical Deviations
October 1, '07 to December 01, '07**



REVIEW OF MORTALITY REPORTS

OCME: OCME reports no suspicious deaths related to BT for the week.

MARYLAND TOXIDROMIC SURVEILLANCE

Poison Control Surveillance Monthly Update: Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in November 2007 did not identify any cases of possible terrorism events.

REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS

COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:	<u>Aseptic</u>	<u>Meningococcal</u>
New cases (Dec 23-29, 2007):	8	0
Prior week (Dec 16-22, 2007):	17	0
Week#52, 2006 (Dec 24-30, 2006):	10	1

OUTBREAKS: 3 outbreaks were reported to DHMH during MMWR Week 52 (Dec. 23- Dec. 29, 2007):

1 Gastroenteritis outbreak

1 outbreak of GASTROENTERITIS associated with a Nursing Home

2 Respiratory illness outbreaks

1 outbreak of INFLUENZA-LIKE ILLNESS associated with a Nursing Home

1 outbreak of INFLUENZA-LIKE ILLNESS/PNEUMONIA associated with a Nursing Home

MARYLAND SEASONAL FLU STATUS:

Seasonal Influenza reporting occurs October through May. One suspected case of influenza was reported to DHMH during MMWR Week 52 (December 23 – 29, 2007). To date this season, there have been 47 lab confirmed influenza cases in Maryland.

*Please note: Influenza data reported to DHMH through the National Electronic Disease Surveillance System (NEDSS) is provisional and subject to further review.

SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS:

Graph shows the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. This graph does not represent confirmed influenza.



PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO Pandemic Influenza Phase: Phase 3/4: No or very little human-to-human transmission/Small clusters with limited human-to-human transmission, suggesting that the virus is not well adapted to humans

US Pandemic Influenza Stage: Stage 0/1: New domestic animal outbreak in at-risk country/Suspected human outbreak overseas

*More information regarding WHO Pandemic Influenza Phase and US Pandemic Influenza Stage can be found at: <http://bioterrorism.dhmm.state.md.us/flu.htm>

WHO update: As of December 28, 2007, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 346, of which 213 have been fatal. Thus, the case fatality rate for human H5N1 is about 61%.

AVIAN INFLUENZA, HUMAN, CLUSTER RULED OUT (Indonesia): 23 Dec 2007, Indonesia has cleared 6 members of a family hospitalized with bird flu symptoms, a health official said on Dec 22, in a case that has raised concerns over potential human-to-human spread of the disease. The 6 Indonesians from a small village in Banten province had been suffering from high fever after more than a dozen sick ducks died in their backyard. Two sets of laboratory tests showed the 6 admitted to a hospital in Jakarta on Dec 21 did not have the H5N1 virus, said Nyoman Kandun, director-general of communicable disease control at Indonesia's health ministry. "Clearly, it's not a cluster. We do not even have a confirmed bird flu case here," Kandun said. Authorities treat cases where family members living together show symptoms of bird flu with particular care since it could point to human-to-human transmission of the virus.

AVIAN INFLUENZA, HUMAN (Egypt): 26 Dec 2007, The Ministry of Health and Population of Egypt has announced a new case of human infection of H5N1 avian influenza. The case is a 25-year-old female from Bany Suwef Governorate. She was hospitalized on Dec 21 and died on Dec 25. The source of her exposure is currently under investigation. Egypt reported the last confirmed case of H5N1 in July 2007. Of the 39 cases confirmed to date in Egypt, 16 have been fatal.

AVIAN INFLUENZA, HUMAN (Indonesia): 26 Dec 2007, The Ministry of Health of Indonesia has announced a new case of human infection of H5N1 avian influenza. A 24-year-old female from West Jakarta municipality, DKI Jakarta province, developed symptoms on Dec 14, was hospitalized on Dec 19 and died on Dec 25. The source of her exposure is currently under investigation. Of the 116 cases confirmed to date in Indonesia, 94 have been fatal.

AVIAN INFLUENZA, HUMAN, CONFIRMED (Pakistan): 27 Dec 2007, The first case of human infection with H5N1 avian influenza has been confirmed in Pakistan. Laboratory tests conducted by the WHO H5 Reference Laboratory in Cairo, Egypt and WHO Collaborating Center for Reference and Research on Influenza, in London, United Kingdom, have confirmed the presence of avian influenza virus strain A (H5N1) in samples collected from one case in an affected family. Additional laboratory analysis, including gene sequencing, is ongoing. At the request of the Pakistan government, a WHO team traveled to Pakistan to participate with national authorities in the ongoing investigations of several suspected cases of human H5N1 infections. The following conclusions have been made accordingly: The preliminary risk assessment found no evidence of sustained or community human to human transmission. All identified close contacts including the other members of the affected family and involved health care workers remain asymptomatic and have been removed from close medical observation.

AVIAN INFLUENZA, HUMAN (Egypt): 28 Dec 2007, The Ministry of Health and Population, Egypt has announced 2 new cases of human infection of H5N1 avian influenza. The first case is a 50-year-old female from Domiat Governorate. She was hospitalized on Dec 24 and is in critical condition. The second case is a 22-year-old female chicken seller from Menofia Governorate. She was hospitalized on Dec 26 and is presently recovering in intensive care. Both women had contact with sick and dead poultry prior to illness onset. Of the 41 cases confirmed to date in Egypt, 16 have been fatal.

AVIAN INFLUENZA, HUMAN (Viet Nam): 28 Dec 2007, The Ministry of Health in Viet Nam has confirmed a new case of human infection of H5N1 avian influenza. The case has been confirmed by the National Institute of Hygiene and Epidemiology (NIHE). The case is a 4-year-old male from Son La Province. He developed symptoms on Dec 7, was hospitalized on Dec 11, and died on Dec 16. Control measures have been implemented and close contacts have been identified. All remain healthy and will continue to be monitored. The source of exposure is currently under investigation. Of the 101 cases confirmed to date in Viet Nam, 47 have been fatal.

NATIONAL DISEASE REPORTS:

BOTULISM, CANNED GREEN BEANS, POSITIVE CULTURE (Multi State): 28 Dec 2007, The FDA is warning consumers about a potential *Clostridium botulinum* contamination of canned cut green beans manufactured by New Era Canning Company, New Era, MI, and labeled as "GFS Fancy Blue Lake Cut Green Beans." The canned cut green beans were distributed to retailers, restaurants and food service institutions by Gordon Food Service, Grand Rapids, MI, with lot code 19H7FL and UPC code 93901 11873, in large institutional-sized, 6 pound 5 ounce (No. 10) cans. As part of this

ongoing investigation, the FDA is working closely with Michigan Department of Agriculture state officials and New Era to identify all products that may be involved. The Michigan Department of Agriculture, under its state authority, seized most canned products in the company's warehouses. New Era is voluntarily recalling 171 cases of the green beans. The FDA learned of the potential contamination on Dec 20, when testing of product collected during an FDA inspection showed a presumptive positive result for *C. botulinum*. (Botulism is listed in Category A on the CDC list of Critical Biological Agents)
*Non-suspect case

INTERNATIONAL DISEASE REPORTS:

CHOLERA (Kenya): 23 Dec 2007, Four people have died of cholera in Western and Nyanza provinces. Three of them are from Suba District, while the other is from Bunyala District. They all died on Dec 19. Nyanza provincial medical officer Jackson Kioko said none of the deaths occurred in a health center. "Two people died while being transported from the islands in Suba to the district hospital located in Sindo in the mainland," he said. The other one died at home. Dr Kioko said the disease was under control on the island. Two cases of the disease were reported in the area 2 weeks ago. No one had died of the disease until Dec 19. In Busiia, district medical officer of health Silas Ayunga confirmed the death at Mukhobola health center in the flood-hit Budalang'i Division. According to Dr Ayunga, 5 other people, including the wife of the deceased, were infected and were being monitored at Mukhobola health center. (Water Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

CHOLERA (Zimbabwe): 23 Dec 2007, Ten people have been killed by cholera in a poor suburb in Zimbabwe's capital Harare, health authorities said on Dec 23. The officials said the disease had broken out in Mabvuku suburb east of Harare and that scores of other people had also been affected. They said the 10 had died last week, and the cholera outbreak was suspected to be caused by drinking water from unprotected sources. The capital, like many other towns in Zimbabwe, suffers frequent breakdowns of the water pumping system, forcing residents to fetch water from streams and other unprotected sources. Health authorities said they had moved into Mabvuku to treat those affected and to curb the outbreak from spreading. (Water Safety Threats are listed in Category B on the CDC list of Critical Biological Agents)
*Non-suspect case

TRYPANOSOMIASIS, FOODBORNE (Venezuela): 26 Dec 2007, The outbreak of acute Chagas disease (Trypanosomiasis) that occurred in Andres Bello Municipal School in Chacao, in metropolitan Caracas, may be restricted to this school. However, as a preventive measure, the Ministry of Health declared a national sanitary alert for Chagas disease, reported Dr. Luis Montiel, Epidemiology Director of the Ministry of Health. This means 2 things: that persons with fever for more than 5 days accompanied by symptoms such as muscle pain, joint pain, facial edema, swollen lymph nodes, and arm or leg inflammation must go to the nearest health facility so that *Trypanosoma cruzi* infection can be ruled out in patients presenting with these symptoms. Overall, 956 persons (children and adults) in Andres Bello community may have acquired the parasite. 937 persons have been studied up to date, and 99 had the infection confirmed (most of them are children), said Dr. Jesus Mantilla, Ministry of Health. There are 12 patients hospitalized with Chagas disease, 11 are in Caracas University Hospital, and one is in a private clinic, said Ministry of Health spokesmen. Additionally, 76 of the 98 persons who were reported as positive for Chagas disease are currently receiving therapy. Certain kinds of fruit juice were the likely vehicle through which the parasite disseminated so quickly, affecting so many people. This is what the Ministry of Health representatives and the scientific team that is currently investigating this outbreak believe. The oral transmission route for Chagas disease is very uncommon (transmission most commonly occurs through contamination with Triatomine stools after the insect bites a human being or an animal for its blood meal); however, in this case, it is suspected that the fruit juice might have been contaminated with Triatomine bugs or with their stools. Health authorities ruled out the presence of the vector in the households of Andres Bello School students as well as within the school building, Dr. Mantilla pointed out. However, visits to the household where fresh fruit juice is fixed everyday (located outside Chacao Municipality) revealed a different story: There are many Triatomine bugs in its surroundings (as well as plenty of vegetation and a stream), said Dr. Montiel. Health personnel are currently investigating whether these insects are infected with *Trypanosoma cruzi*. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

ANTHRAX, HUMAN, LIVESTOCK (Togo): 27 Dec 2007, The Ministry of Agriculture, Livestock and Fisheries announced recently that anthrax has occurred in the country's north, and 6 people have already died. The announcement said that anthrax appeared in cows and other livestock in early December in the country's northern plains region, and that 6 people had died from eating diseased beef. Others have also been infected and are undergoing treatment in hospital. Togo's government has sent medical teams to the affected areas and announced the preventive vaccination of cows and other measures. Agencies in Togo have warned residents to maintain alert and avoid eating beef from dead or diseased livestock. (Anthrax is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

SALMONELLOSIS, EGGS (Australia): 29 Dec 2007, No doubt the dinner party of 35 at Wagga Wagga had looked forward to the fried ice cream dessert, until the raw egg batter gave them all food poisoning and the host was left with egg on her face. Now New South Wales (NSW) Health and the NSW Food Authority have the difficult task of trying to track down the poultry culprits, possibly from a large Victorian producer, and are investigating whether the incident and 3 others in Sydney affecting 25 more people are all linked. "In terms of cases of salmonella from home preparation using raw eggs, we've had 4 times the year's average in the past 6 weeks," said Peter Sutherland, director of food safety

programs at the NSW Food Authority. The investigation comes as the authority hopes to introduce regulations in 2008 making NSW the second state, after Queensland, requiring individual eggs to be stamped so they can be easily traced to their farms, thus making producers more accountable for quality. Mr. Sutherland said the other salmonella poisoning cases were: 11 people who fell ill from eating Caesar salad made with raw egg dressing at a dinner party at a Carlingford home; 3 children sick from drinking an eggnog at home in Thornleigh; and, most recently, a cafe in Auburn where 11 people had food poisoning after apparently eating cheesecake. The investigation includes DNA testing on stool samples taken by GPs of some of the sick people to determine whether they fell ill from the same strain of salmonella. "It's strictly hypothetical but this batch of eggs may have come from a producer in Victoria," a NSW Food Authority spokesman said. Most major producers get their eggs from a large number of farms. The authority has been working on its new regulation for the past 8 months, which will also make it mandatory for transporters and retailers to refrigerate eggs, and hopes to take it to the NSW Primary Industries Minister for approval early in 2008. The NSW Food Authority Director-General, George Davey, urged consumers to always cook eggs and store them in a refrigerator and to not use cracked or dirty eggs. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

ANTHRAX, BOVINE (Australia): 29 Dec 2007, The Department of Primary Industries (DPI) says while the number of confirmed deaths of cattle in the Upper Hunter from an anthrax outbreak is 12, up to 20 animals are believed to have died. The disease has now spread to 5 properties after the initial outbreak on a farm at Rouchel, near Scone. All nearby stock are being vaccinated and the dead animals are being burned to stop the disease moving further. DPI's deputy chief vet Ian Roth says investigations into how the outbreak occurred are continuing. "We've confirmed it in about 12 animals, that's in the lab but there are more animals that have died on these properties," he said. "It's a little bit hard to get the precise numbers because animals do die from other conditions in the paddock. Certainly on some of the properties there have been more than we have confirmed it in. The DPI's Brett Fifield says vaccinations are working and it is unlikely the disease will spread further. "The situation in Scone is stable; there have been minor mortalities of cattle, the mortalities have stopped and a vaccination campaign is underway and we'll stem the spread of the disease," he said. (Anthrax is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

*Cases and outbreaks will be cited for suspect level with regards to suspicion of BT threat. Therefore, cases and outbreaks will be categorized as "Determined BT", "Suspect" or "Non-suspect".

OTHER RESOURCES AND ARTICLES OF INTEREST:

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://bioterrorism.dhmm.state.md.us/>

FAO reports downturn in H5N1 outbreaks for 2007

According to a preliminary report from the United Nations Food and Agriculture Organization (FAO), there have been fewer bird outbreaks in fewer countries this year than in 2006, despite recent spikes in H5N1 avian influenza activity in humans and birds. (<http://www.cidrap.umn.edu/cidrap/content/influenza/avianflu/news/dec1907fao.html>). See also, <http://www.fao.org/docs/eims/upload/237149/ah693e.pdf>.

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

Heather N. Brown, MPH
Epidemiologist
Office of Preparedness and Response
Maryland Department of Health & Mental Hygiene
201 W. Preston Street, 3rd Floor
Baltimore, MD 21201
Office: 410-767-6745
Fax: 410-333-5000
Email: HBrown@dhmm.state.md.us